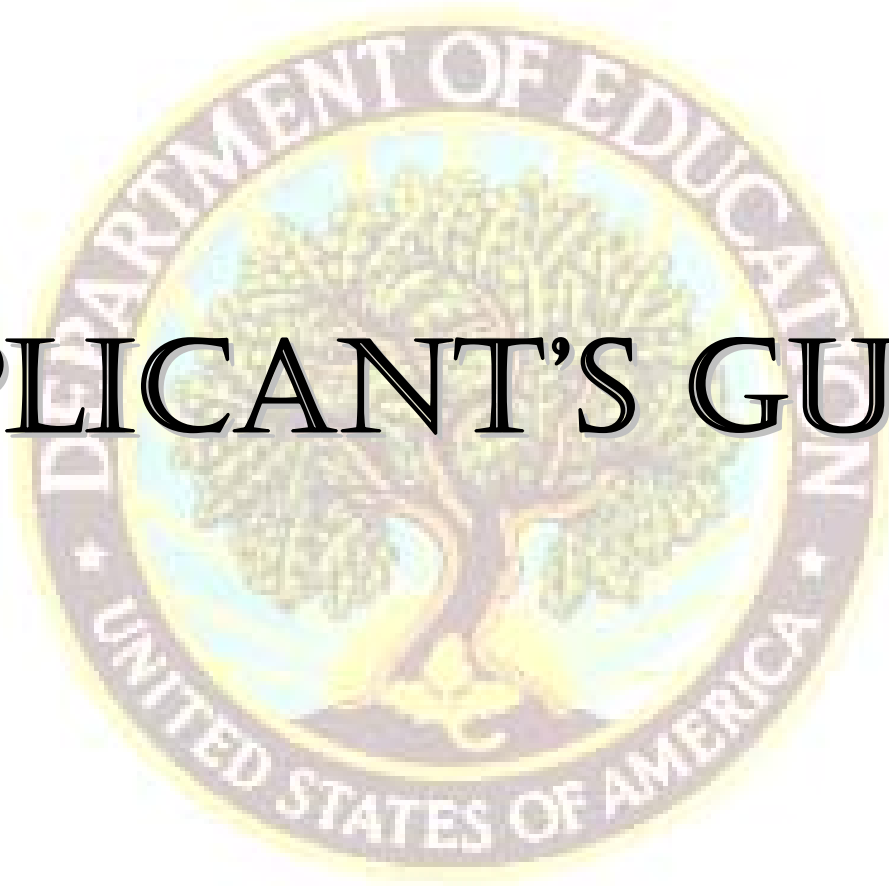


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♦ Log on to <http://transerve.dot.gov>

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♦ Click on the “Other Federal Employees” tab.

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- ◆ Click on “**Transit Benefit Integrity Awareness Training**”.
- ◆ Complete the Transit Benefit Integrity Awareness Training.
- ◆ Please print the entire document, add your name, and give the last page of the document to your Executive Officer for processing and keep the remaining pages for future reference.

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♦ Click on “**Transit Benefit Application and Worksheet**”.

CLICKING ON THE “**TRANSIT BENEFIT APPLICATION AND WORKSHEET**” LINK WILL TAKE YOU TO THE **TRANSIT BENEFIT APPLICATION WEBSITE**.

LOG IN

User Name:

Password: [Forgot Password?](#)

NOT REGISTERED YET?

Monday, April 21, 2008

◆ Click **“Register”**.

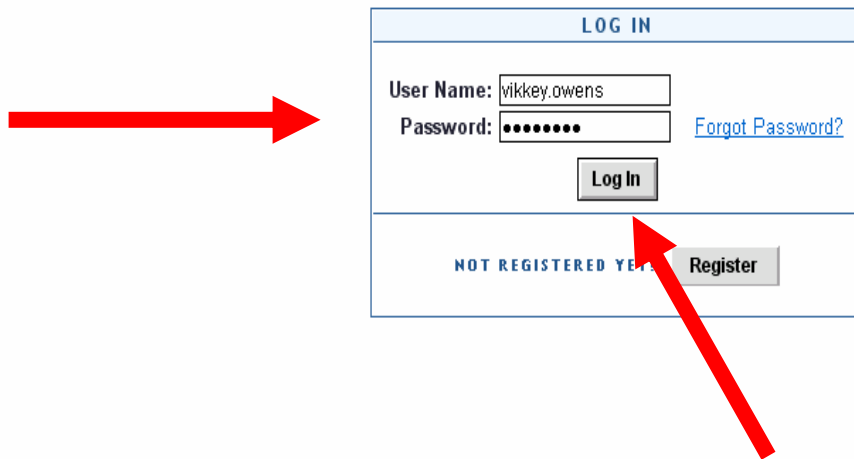
NOTE: ALL PARTICIPANTS (NEW AND CURRENT) MUST REGISTER THE FIRST TIME THEY VISIT THE TRANSIT BENEFIT APPLICATION WEBSITE.



The image shows a web-based registration form titled "REGISTRATION". It contains several input fields: "User Name" (filled with "VIKKEY.OWENS"), "First Name" (filled with "VIKKEY"), "Middle Name" (empty), "Last Name" (filled with "OWENS"), "Agency/Mode" (a dropdown menu with "ED" selected), "Email Address" (filled with "VIKKEY.OWENS@ED.GOV"), "Phone Number" (filled with "202-366-1234"), "Password" (filled with seven dots), "Reenter Password" (filled with seven dots), and "Hint*" (filled with "ANNIVERSARY"). Below the fields is a note: "*A hint is a meaningful personal association to help you remember your password. This is optional, but highly recommended." At the bottom are three buttons: "Register", "Cancel", and "Reset". Three red arrows point to the form: one to the "User Name" field, one to the "Email Address" field, and one to the "Register" button.

REGISTRATION	
User Name:	VIKKEY.OWENS
First Name:	VIKKEY
Middle Name:	
Last Name:	OWENS
Agency/Mode:	ED
Email Address:	VIKKEY.OWENS@ED.GOV
Phone Number:	202-366-1234
Password:	•••••••
Reenter Password:	•••••••
Hint*:	ANNIVERSARY
*A hint is a meaningful personal association to help you remember your password. This is optional, but highly recommended.	
Register	Cancel Reset

- ◆ Complete the registration form.
- ◆ You must use your official payroll name (i.e., the name that appears on your payroll records, Employee Express and your ED ID Badge) as your **User Name**. Your user name should be in the following format: **First name.Last name**. Please note that if you do not use your official payroll name, you will be automatically removed from the on-line transit system during annual recertification.
- ◆ Click "**Register**".



The image shows a login form titled "LOG IN". It contains two input fields: "User Name:" with the text "vikkey.owens" and "Password:" with masked characters "••••••••". To the right of the password field is a blue link "Forgot Password?". Below the password field is a "Log In" button. At the bottom of the form, there is a link "NOT REGISTERED YET?" and a "Register" button. A red arrow points from the left to the "User Name:" input field. Another red arrow points from the bottom right to the "Log In" button.

LOG IN	
User Name:	<input type="text" value="vikkey.owens"/>
Password:	<input type="password" value="••••••••"/> Forgot Password?
<input type="button" value="Log In"/>	
NOT REGISTERED YET? <input type="button" value="Register"/>	

- ◆ Enter your User Name and Password.
- ◆ Click “**Log In**”.



Welcome To Parking and Transit Benefit Public Website Version v 1.0



[Transit Benefit Application](#)



[My Account](#)



[Change Password](#)



[Log out](#)

♦ Select **“Transit Benefit Application”** from the main menu.



Welcome to the Parking and Transit Benefit Public Website Version v 1.0



SELECT AN ACTION TO CONTINUE

Select Your Employer:

Please make a selection

☐ Request Information

☐ Change an Existing Account

☐ Withdraw from the Program

☒ Recertify/Enroll

- ◆ Select your Agency from the drop-down menu.
- ◆ Click “**Recertify/Enroll**” (for both new applicants and participants who are recertifying).
- ◆ For all applicants, click “**Proceed**”.



WARNING !

This certification concerns a matter within the jurisdiction of an agency of the United States. Making a false, fictitious, or fraudulent certification may constitute criminal violations punishable under Title 18, United States Code, Section 1001, by imprisonment up to five years and fines up to \$10,000 for each offense, and/or agency disciplinary actions up to and including dismissal.

- I certify that I am employed by the U.S. Federal Government.
- I certify that I am not named on a federally subsidized parking permit with any other federal agency.
- I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work by public transit or vanpool, and will not give, sell, or transfer it to anyone else.
- I certify that in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the month statutory limit, then I will supplement those additional costs with my own funds rather than use a Government-provided transit benefit designated for use in a future month.
- I certify that I will not claim the transit benefit in excess of my actual monthly commuting expense. If at anytime during a given month I am out of work due to sickness, vacation or any other reason, on official travel, or use a private vehicle for commuting, I will claim less and adjust the amount of my transit benefit the following month if appropriate.
- I certify that my parking fees are not included in the computation of the daily, weekly or monthly commuting costs for my transit benefit.

I Agree

I Do Not Agree

- ◆ Read the terms and conditions of the Transit Benefit Program.
- ◆ Click “**I Agree**” to proceed with the application process.

YOU MUST AGREE TO THE TERMS AND CONDITIONS OF THE TRANSIT BENEFIT PROGRAM IN ORDER TO PROCEED WITH THE APPLICATION PROCESS.

APPLICATION TIP

Who is my “vendor”

Vendor- The application asks for each vendor (transit authority) used for transportation to and from work. i.e., in the National Capital Region the vendor is WMATA which gives you three choices: WMATA, WMATA Senior and WMATA Disabled.

WMATA – Select this vendor if you receive the Metrochek or use SmartBenefits.

WMATA Senior or WMATA Disabled – **Senior citizens (65 and older), persons with disabilities and customers with a Medicare card and valid photo ID ride for half the regular fare.** On Metrorail, use a senior/disabled fare card or SmarTrip® card. On Metrobus, use a senior/disabled bus pass or SmarTrip® card or show your Metro ID or Medicare card and valid photo ID and pay the reduced fare.

These cards only work on Metrorail, Metrobus or Metro Access. For instance, if you are a senior citizen and ride the Metrobus you may receive the WMATA senior farecard or SmarTrip® card. If you are a senior citizen and ride the MARC or VRE you must choose WMATA as the vendor to receive a Metrochek. The WMATA senior ticket will not work on the MARC or VRE .

If you are a participant outside the National Capital Region, choose the vendor or voucher you receive in your area. For example, participants in Atlanta riding MARTA select MARTA-ATLANTA from the drop-down box.`

MARTA-ATLANTA – Select this vendor if you ride the MARTA system in Atlanta.

COBB COUNTY, COMMCHK-GENERIC, DOUGLAS COUNTY RIDESHARE, GRTA-ATLANTA, TRANSBEN, or VPSI are other Atlanta options.

If more than one vendor is used for your commute, select the one with the greater value. All vendor(s) must be listed by name on the worksheet portion of the application. Enter the name and monthly cost for each of the vendors you use to and from work.

For help computing costs, follow these links to your transit company’s website:

Go to <http://transerve.dot.gov>

Click on “Other Federal Employee”

Click on “Transit Links”

APPLICATION TIP

Who is my “vendor”

REGION	VENDOR OPTIONS	REGIONAL POINT OF CONTACT
Atlanta (Region 4)	<i>COBB COUNTY, GRTA, MARTA, TRANBEN (IS GWINNETT TRANSIT)</i>	Marie Young (404) 562-6000
Boston (Region 1)	<i>COMMCHEK–GENERIC</i>	Barbara Mahoney (617) 223-9317
Chicago (Region 5)	<i>RTA–CHICAGO</i>	Shirley Jones (312) 730-1706
Cleveland (Region 5)	<i>GCRTA–CLEVELAND</i>	Denise Ennis (216) 522-4970
Dallas (Region 6)	<i>NON-INVENTORY</i>	Barbara O’Pry (214) 661-9506
Denver (Region 8)	<i>TRANBEN</i>	Linda Carson (303) 844-3544
Kansas City, MO (Region 7)	<i>KCATA–KANSAS CITY</i>	Donald Jacobsmeyers (816) 268-0400
Long Beach (Region 9)	<i>TRANBEN</i>	Phyllis Moses (562) 980-4141
New York (Region 2)	<i>MTA-NY, TRANSITCHEK-NY</i>	Michael Roundtree (646) 428-3905
Philadelphia (Region 3)	<i>COMMCHEK–PHILADELPHIA</i>	Sherry Benjamin (215) 656-6013
Pittsburgh (Region 3)	<i>COMMCHEK–GENERIC</i>	Zack Sudiak (412) 395-4547
Sacramento (Region 9)	<i>TRANBEN</i>	Nonie Lewis (916) 930-2377
San Francisco (Region 9)	<i>TRANBEN</i>	Pearlie Herbert (415) 556-4064
Seattle (Region 10)	<i>NON-INVENTORY</i>	Linda Pauley (206) 220-7800

Transit Benefit Verification Worksheet Example #1

Home Transit Application Approval Section Utilities Admin Logout
W

RECERTIFY

TRANSIT BENEFITS VERIFICATION WORK SHEET

All employees are required to certify their monthly commuting costs by calculating to the nearest dollar for their **daily commute** to work.

Employees are reminded that parking fees are not eligible for transit benefits and should not be included when computing daily, weekly or monthly commuting costs.

Instructions: Calculate your **Total Monthly Mass Transit Expenses** based on the way (daily, weekly, monthly) that you pay for your commute. List your mode of mass transportation and how much it costs you. All costs must be computed to a monthly expense.

Mode of Transportation		Daily Expense	Weekly Expense	Total Monthly Expense
Bus to Work (local)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bus from Work (local)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Bus Mode to Work (commuter or county)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Bus Mode from Work (commuter or county)	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Rail to Work (MAR, VRE, Metro, other)	Name of Company The T Commuter Rail	\$ 1.70	\$ 8.50	\$ 34.00
Rail from Work (MAR, VRE, Metro, other)	Name of Company The T Commuter Rail	\$ 1.70	\$ 8.50	\$ 34.00
Other Mode to Work:	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Mode from Work:	Name of Company <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Van Pool	Name of Company <input type="text"/>			\$ <input type="text"/>
Calc Total				\$ 68.00

Converting Daily and Weekly Cost to Monthly Cost

40-hour workweek and compressed workweek

8-hour work day conversion			9-hour work day conversion			10-hour work day conversion		
Daily Cost	No. Days Worked	Total Monthly Cost	Daily Cost	No. Days Worked	Total Monthly Cost	Daily Cost	No. Days Worked	Total Monthly Cost
\$ <input type="text"/>	x 20	\$ 0.00	\$ <input type="text"/>	x 18	\$ <input type="text"/>	\$ <input type="text"/>	x 16	\$ <input type="text"/>

Other Work Schedule Conversions
(telecommuters, part-time, maxiflex, etc.)

Daily Cost	Number of commute days per month	Total Monthly Cost
\$ <input type="text"/>	x no. days <input type="text"/>	\$ <input type="text"/>

Weekly Work Schedule Conversions

Weekly Cost	Number of weeks per month	Total Monthly Cost
\$ <input type="text"/>	x 4	\$ <input type="text"/>

Employees are responsible for adjusting their monthly transit benefits each month in accordance with their actual work commute each month.

Total Monthly Costs \$ 68.00

- 1) Fill out **Mode of Transportation** (for example, Keller Bus)
 - 2) Complete the **Daily, Weekly or Monthly Expense to Work** (Example: Weekly and Monthly)
 - 3) Complete the **Daily, Weekly or Monthly Expense from Work** (Example: Weekly and Monthly)
 - 4) Click “**Calc Total**” button
 - 5) Insert your **Total Monthly Cost**
- NOTE: Both the “**Calc Total**” and “**Total Monthly Cost**” must match.

- ◆ Complete the “**Transit Benefits Verification Worksheet**”.
- ◆ Complete the “**Converting Daily and Weekly Costs to Monthly Cost**” section. (See above instructions)

REMEMBER: PARKING FEES ARE NOT ELIGIBLE FOR TRANSIT BENEFITS AND SHOULD NOT BE INCLUDED WHEN COMPUTING DAILY, WEEKLY OR MONTHLY COMMUTING COSTS.

Transit Benefit Verification Worksheet Example #2

Home Transit Application Approval Section Utilities Admin Logout

RECERTIFY

TRANSIT BENEFITS VERIFICATION WORK SHEET

All employees are required to certify their monthly commuting costs by calculating to the nearest dollar for their **daily** commute to work.

Employees are reminded that parking fees are not eligible for transit benefits and should not be included when computing daily, weekly or monthly commuting costs.

Instructions: Calculate your **Total Monthly Mass Transit Expenses** based on the way (daily, weekly, monthly) that you pay for your commute. List your mode of mass transportation and how much it costs you. All costs must be computed to a monthly expense.

Mode of Transportation		Daily Expense	Weekly Expense	Total Monthly Expense
Bus to Work (local)	Name of Company	\$	\$	\$
Bus from Work (local)	Name of Company	\$	\$	\$
Other Bus Mode to Work (commuter or county)	Name of Company	\$	\$	\$
Other Bus Mode from Work (commuter or county)	Name of Company	\$	\$	\$
Rail to Work (MARC, VRE, Metro, other)	Name of Company The T Commuter Rail	\$ 1.70	\$ 8.50	\$ 34.00
Rail from Work (MARC, VRE, Metro, other)	Name of Company The T Commuter Rail	\$ 1.70	\$ 8.50	\$ 34.00
Other Mode to Work:	Name of Company	\$	\$	\$
Subway	The T Subway	\$ 2.00	\$ 10.00	\$ 40.00
Other Mode from Work:	Name of Company	\$	\$	\$
Subway	The T Subway	\$ 2.00	\$ 10.00	\$ 40.00
Van Pool	Name of Company			\$
Calc Total				\$ 148.00

Converting Daily and Weekly Cost to Monthly Cost

40-hour workweek and compressed workweek

8-hour work day conversion			9-hour work day conversion			10-hour work day conversion		
Daily Cost	No. Days Worked	Total Monthly Cost	Daily Cost	No. Days Worked	Total Monthly Cost	Daily Cost	No. Days Worked	Total Monthly Cost
\$	x 20	\$ 0.00	\$	x 18	\$	\$	x 16	\$

Other Work Schedule Conversions (telecommuters, part-time, maxiflex, etc.)

Other Work Schedule Conversions			Weekly Work Schedule Conversions		
Daily Cost	Number of commute days per month	Total Monthly Cost	Weekly Cost	Number of weeks per month	Total Monthly Cost
\$	x no. days	\$	\$	x 4	\$

Employees are responsible for adjusting their monthly transit benefits each month in accordance with their actual work commute each month.

Total Monthly Costs \$ 148.00

1) Fill out **Mode of Transportation** (for example, Keller Bus)

2) Fill out second **Mode of Transportation** (for example, Metro)

3) Complete the **Daily, Weekly or Monthly Expense to Work** (Example: Weekly and Monthly)

4) Complete the **Daily, Weekly or Monthly Expense from Work** (Example: Weekly and Monthly)

5) Click “**Calc Total**” button

6) Insert your **Total Monthly Cost**

NOTE: Both the “**Calc Total**” and “**Total Monthly Cost**” must match.

- ◆ Complete the “**Transit Benefits Verification Worksheet**”.
- ◆ Complete the “**Converting Daily and Weekly Costs to Monthly Cost**” section. (See above instructions)

REMEMBER: PARKING FEES ARE NOT ELIGIBLE FOR TRANSIT BENEFITS AND SHOULD NOT BE INCLUDED WHEN COMPUTING DAILY, WEEKLY OR MONTHLY COMMUTING COSTS.

Transit Benefit Application Example

Identifier: (Last 4 digits of Social Security No)

Name: (First) (Last)

Email Address: Work Phone:

DEPARTMENT OF EDUCATION

Agency/Mode: Region: Vendor:

Principal Office: Location/Building: Transit System:

Civilian/Military:

I certify that my usual **monthly commuting cost** are:

RESIDENCE INFORMATION

Address:

City: State: Zip:

Approving Official: [Select...](#)

Manager/Fund Certifier: [Select...](#) Manager Phone:

SmartTrip Card Number:

PRIVACY ACT STATEMENT:
This notice is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a: This information is solicited under authority of 5 U.S.C. § 7905. Furnishing the information on this form is voluntary, but failure to provide all or part of the information may result in denial of your request for a public transit fare benefit. The principal purposes of the information are to facilitate timely processing of your request, to ensure your eligibility for transit benefits, and to prevent misuse of the funds involved. This information may be disclosed to the Department of Transportation to perform its duties under an interagency agreement. The information may also be used for production of listings and reports and for periodic review or revalidation of transit benefits. Other routine uses are published in the Federal Register at 65 F.R. 19476 (April 11, 2000).

1) Enter last four of SSN (Identifier)

2) Enter full name, email address and work phone

3) Select appropriate choice for Agency, Region, Principal Office and Civilian/Military fields

4) Select Vendor

5) Highlight all Transit Systems used. If using more than one, hold the "CTRL" key while selecting.

6) Enter Work Street Address

7) Enter Home Address

8) Select appropriate Approving Official (Executive Officer) and Manager/Fund Certifier (Transit Benefit Coordinator)

9) Manager phone is optional

10) Click "Submit Application"

- ◆ Fill out the transit benefit application.
- ◆ Ensure that you select the correct choices from all drop-down menus.
- ◆ Click "Submit Application".